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TREATMENT

Ibogaine & Forms
Experiences
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Medical Subculture
Ibogaine: A Review
Extraction Manual

Ibogaine Related Fatalities

The purpose of this table is to attempt to clearly state what is known regarding ibogaine & iboga related fatalities which are in the public domain. Other deaths most likely have occurred but due to the underground nature of ibogaine treatment, remained unreported. Quotations are direct extracts from the stated source.

It is worth bearing in mind that for some ibogaine is a last resort from inevitable death. It is also worth taking the following into account: in 1999 there were 116,000 drug related fatalities in United States hospitals associated with FDA approved medications.

The chemically dependent population diagnosed with dependence disorders (where ibogaine related deaths take place) have a mortality rate significantly higher than the general population (3 to 7 times), withdrawal itself being a physically taxing experience which may precipitate adverse medical conditions.

Before looking at the fatalities table below it is worth noting the following:

Ibogaine vs Methadone Fatalities

Ibogaine/iboga (all known treatment episodes [TEs] 1989-2006): 11 fatalities in 3,414 TEs (1 ibogaine-related death/427 TEs) ¹
Methadone (Australia 2000-2003; national registration data): 282 methadone-related death in 102,615 TEs (1 methadone-related death /364 TEs) ²
Methadone (Utah 2004; Controlled substance and medical examiner data bases): 110 fatalities in which medical examiner made mention of methadone in attribution of cause of death, 52,350 methadone prescriptions (1 methadone-related death /476 methadone prescriptions) ³
1. Alper, K.R., Lotsof, H.S. and Kaplan, C.D., (2008). The ibogaine medical subculture. Journal of Ethnopharmacology 115, 9-24. 2. Gibson, A.E. and Degenhardt, L.J., (2007). Mortality related to pharmacotherapies for opioid dependence: a comparative analysis of coronial records. Drug and Alcohol Review 26, 405-410. 3. Sims SA, Snow LA, Porucznik CA (2007): Surveillance of methadone-related adverse drug events using multiple public health data sources. Journal of Biomedical Informatics 40:382-389.

These figures suggest that the number of deaths due to methadone, the most controlled substance, are a little higher than those associated with ibogaine, which is totally unregulated. If ibogaine was administered in the proper medical setting following conventional wisdom this figure should drop dramatically highlighting the safety benefits of ibogaine, an addiction interruptor, over methadone, a highly addictive addiction maintainer - more addictive than heroin and harder to detox from.

Many of these ibogaine TE's (Treatment Episodes) did not take into account the suitability of the individuals for treatment (see Manual for Ibogaine Therapy, Screening, Safety, Monitoring & Aftercare by Howard Lotsof & Boaz Wachtel, USA.) nor the circumstances under which treatment was taking place and should not have been carried out.

Ibogaine, is a very powerful medication at the doses required for detox and thus, if not respected, can lead to death.

Please Note:

As things stand the actual sequence of events, bio-chemically speaking, which lead to death in someone who has taken ibogaine is not known, i.e., no one knows why, medically speaking, ibogaine sometimes leads to death. There is simply a lack of experimental data, regardless of speculation.

However, it is interesting to note the circumstances surrounding these incidents and for that reason this table is provided:

Year/Details	Circumstances	Observations
1990 - 44 year old woman during group therapy session. 4.5 mg/kg p.o.	<u>Ibogaine: A Review, Kenneth R. Alper, Chapter 1:</u> "In June 19135, a 44 year-old woman died in France approximately 4 hours after receiving a dose of ibogaine of about 4.5 mg/kg p.o. The cause of death was concluded to have been acute heart failure in an autopsy carried out at the Forensic-Medical Institute in Zurich (176). Autopsy revealed evidence of a prior myocardial infarction of the left ventricle, severe atherosclerotic changes, and 70 to 80% stenosis of all three major coronary artery branches. This patient had a history of hypertension, and inverted T waves were noted on EKG three months prior to	"The autopsy report, which included information obtained from the patients family physician, and the psychiatrist who administered ibogaine, makes reference to the possibility that the patient might have taken other drugs. The autopsy report noted the presence of amphetamine in the enzyme immunocytochemical (EMIT) assay of a dialysate of the kidney tissue (urine was reported not to be obtainable). This finding, however, was regarded as artifactual and possibly attributable to a false positive EMIT result due

	the patients death. The autopsy report concluded that the patients preexisting heart disease was likely to have caused the patients death, and it specifically excluded the possibility of a direct toxic effect of ibogaine. The report acknowledged the possibility that an interaction between ibogaine and the patients preexisting heart condition could have been a contributing factor in the fatal outcome." 176. W. Baer, Forensic Subsequent Autopsy/Report Case # N-138 1991. University of Zurich, Switzerland.	to the presence of phenylethylamine."
1993 - 24 year old female Dutch addict (Nicola K.) being treated for heroin dependency. A total dose of 29 mg/kg.	<u>Ibogaine: A Review, Kenneth R. Alper, Chapter 1:</u> The patient died 19 hours later of respiratory arrest. Some evidence suggested the possibility of surreptitious opioid use in this case, which was noted in the Dutch inquiry (178) and which is another source of uncertainty in this fatality. [n.b. Ibogaine has been shown to increase the effects and toxicity of opiates (Popick and Glick, 1996).] 178. G. van Ingen, Pro Justitia No. 93221/I057, Dept. Justice, The Netherlands, Lab. Forensic Pathol., 1994.	"Forensic pathological examination revealed no definitive conclusion regarding the probable cause of death (177) and cited the general lack of information correlating ibogaine concentrations with possible toxic effects in humans." 177. Court of Appeal at the Hague, Order of the Court. Cause List Number: 997179K09, 1999.
1994/April Female (Nancy), 3rd Treatment. 25 mg/kg January '93 29-31mg/kg March '93 10mg/kg 25th March '94	<u>The Ibogaine Story, Chapt. 18:</u> Prior complaint of recurrent intestinal malaise and diarrhea. "On April 21, though, she flew back down to Miami for a medical exam at the U. of Miami--part of the followup to her Panamanian re-treatment. No ill-effects of	"The autopsy--much more exhaustive than in previous deaths--found no discernible link to Nancy's recent re-treatment, establishing cause of death as mesenteric artery thrombosis associated with small bowel infarction

followed by 20mg/kg 3 days later.	Ibogaine--but still no explanation of her diarrhea and recurrent vomiting. She was released from the hospital. Much later that evening she was found dead at the apartment where she was staying, collapsed in her vomit. Estimated time of death, 9:40 PM."	(blockage), complicated by a general "hypercoagulable state" of the blood due to chronic infection in the thigh."
2000/February - 40 year old heroin addict (JW). 6 grams of T.iboga Extract.	www.ibogaine.co.uk/new.htm : "The coroner, Dr Paul Knapman, found that JW died approximately 40 hours after ingesting 6g of a Tabernanthe iboga preparation, (T. iboga is the source of numerous active alkaloids including ibogaine), in an attempt to break a lengthy heroin addiction, having had no success with other detoxification strategies." See: Alternate explanation in next row.	"It was ruled that JW died principally from a fatal reaction to Tabernanthe iboga preparation, the fact that he had suffered liver damage as a result of Hepatitis C being recorded as a secondary cause. A verdict of 'death by misadventure' was recorded." "With regard to reports that the deceased may have died as a result of ibogaine toxicity, the coroner recognised the presence of other active alkaloids in the preparation ingested by JW and made the statement that the blame for this death "need not necessarily be laid at the feet of ibogaine.""
<u>Alternate Explanation:</u> 2000/February - 40 year old heroin addict (JW). 6 grams of T.iboga Extract.	<u>Lee Albert (Non-Medic):</u> On the basis of 6 grams of Extract (other reports state 5 grams) the amount of ibogaine consumed would appear to have been insufficient for full and complete remission of symptoms - methadone maintenance requires even higher doses. Dr. Ed. Friedrichs, a drug detox specialist has stated that "Vomiting leading to Aspiration into the Lungs can and does cause sudden death	

	(asphyxiation / drowning). Vomiting is certainly a frequent part of narcotic withdrawal, especially if the stomach is full of food from recent eating." JW died alone, shortly after his session ended, on his own vomit while eating a sandwich.	
2002/July - Young woman in Germany for psychospiritual purposes. 500mg of ibogaine HCl.	www.ibogaine.co.uk/new.htm: The death occurred about one and a half hours after taking the dose. "The woman, aged 35 years and weighing 63 kg, had used the drug previously on one occasion without problem." There appears to be no information about whether she had taken advised medical tests.	"She had previously complained of problems with her heart, breast, and uterus. Medical tests, conducted at the time, failed to reveal any problems." "An autopsy apparently failed to isolate an exact cause of death." <u>Lee Albert</u> : "It is stated (copy of purported diary entry seen by Lee Albert) that: "as a child she had a congenital heart defect (born with a hole in her heart) and had surgery to correct it as she complained of suffering from intense pressure in her chest and the feeling that she might have a heart attack at the age of 5."
2005/Jan - subject in poor health died during a period of daily, low-dose treatment at the Ibogaine Association.	<u>MAPS: Multi Disciplinary Association for Psychadelic Studies:</u> "The Ibogaine Association closed briefly after the incident and reopened several weeks later after making several staff and procedural changes."	MAPS reports that a copy of the autopsy report from the San Diego County medical examiner, "found that this patient died of natural causes, unrelated to ibogaine administration, although ibogaine was found in this patient's system at the time of autopsy. The patient suffered a sudden cardiac death due to acute myocardial infarct and acute coronary syndrome. Contributory causes to the death were

		fibromyalgia and chronic opiate pain medication dependency."
2005/April - 43 Year old heroin addict.	<u>Private Correspondence to Ibogaine List from a Close Relative involved in treatment:</u> Died 3 days after an ibogaine detox in Las Vegas, Nevada. According to a relative on the Ibogaine List an autopsy stated that cause of death was due to vascular heart disease. Apparently this is something which would not show up on a standard EKG but could be detected using a stress test.	"Prior EKG and liver testing had shown him to be in reasonable condition (private source)." However, what that means is uncertain as anomalies in an EKG should exclude a person from treatment. Also, hospitalization should perhaps have been considered during this treatment as the individual underwent seizures during treatment (private communication).
2006 U.S. man dies at alternative detox clinic in Tijuana.	<u>UNION-TRIBUNE STAFF WRITERS,</u> <u>By Anna Cearley and Penni Crabtree.</u> <u>February 2, 2006.</u> "TIJUANA - A 38-year-old Santa Barbara man died Tuesday while receiving treatment at an alternative detox clinic that primarily serves U.S. citizens struggling with drug addictions. The cause of death was pulmonary thrombosis, according to an autopsy report." <u>Definition of Pulmonary Embolism:</u> The obstruction of the pulmonary artery or a branch of it leading to the lungs by a blood clot, usually from the leg, or foreign material causing sudden closure of the vessel. (Embolus is from the Greek "embolos" meaning plug.)	"The association's Web site notes that it doesn't treat patients with certain health conditions, such as heart disease, uncontrolled diabetes and severe cases of hepatitis."

	The risk factors for pulmonary embolism include advanced age, cancer, genetic predisposition, immobilization (especially in the hospital), pelvic or leg trauma, pregnancy, and surgery.	
2006 French Scientists Investigate Fatality.	<u>Journal of Analytical Toxicology, Vol. 30, Issue 7, pp.434-440. Pub. Sept. 2006. Received Mar. 2006.</u> "Distribution of Ibogaine & Noribogaine in a Man Following a Poisoning Involving Root Bark of the Tabernanthe iboga Shrub". "In the present paper, we report for the first time the tissue distribution of ibogaine and noribogaine, the main metabolite of ibogaine, in a 48-year-old Caucasian male, with a history of drug abuse, found dead at his home after a poisoning involving the ingestion of root bark from the shrub Tabernanthe iboga." "In the blood, concentrations of ibogaine and noribogaine were 5-20 fold greater than those reported by Mash et al. (16) after a single oral dose of 800 mg of ibogaine in humans. The highest concentrations were found in the blood sample drawn at the death scene." "The differences in the concentrations of ibogaine and noribogaine in blood drawn at the scene and blood taken at the autopsy may indicate that degradation (oxidation) of these two drugs occurred after death."	"The autopsy, performed about 48 h later, and histopathology examination of organs and tissues showed massive pulmonary edema with hemorrhagic alveolitis and vascular congestion, consistent with a drug overdose. No other cause of natural death was found."

	See: Journal of Analytical Toxicology. 16. D.C. Mash et al., Ibogaine: complex pharmacokinetics, concerns for safety, and preliminary efficacy measures. <i>Ann. N.Y. Acad. Sci.</i> 914: 394-401 (2000).	
French Authorities Investigate Iboga Related Fatality July 2006.	Powerpoint Presentation at Warsaw Conference 2007 pgs 15-18: Jacques de Schryver, Journalist, France. "The autopsy report concluded Jerry G. died from iboga uptake. The judge and the 'Procureur de la republique' (Attorney General) confirmed it was their intimate conviction. No mention was made about the part of valium and methadone in Jerry G. death." Le Parisien, 8 août 2006 par Julien Dumond.	"The autopsy showed Jerry had taken methadone and valium. He had managed to get some iboga too: between two and three coffee spoons. At the autopsy moment, the iboga was still in his stomach. It was not digested. After the post mortem digestion, the dose was one twelvth (1/12th). This was 8 hours after his death."

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